

Dr VK Chawla's Practice

Quality Report

60 Victoria Road
Barking
IG11 8PY
Tel: 020 8553 5111
Website: n/a

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr VK Chawla's Practice on 17 November 2016. Overall the practice is rated as good. We previously inspected this location on 5 May 2015 at which time it was rated as requires improvement for providing safe services, due to infection prevention and control audits not having taken place. At that time, it was rated as good for providing effective, caring, responsive and well led services; and was rated as good overall. At this inspection, we noted that infection prevention and control concerns had been addressed but that other concerns were identified.

During the planning stage of our inspection, we were advised that the previous lead GP had retired and that the new provider was in the process of updating registration details to reflect the appointment of two new GP partners.

Our key findings across all the areas we inspected were as follows:

- Risks to patients were assessed and well managed with the exception of monitoring arrangements in place to ensure that staff members had undertaken annual basic life support training.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- GP patient survey scores highlighted that it was difficult to make an appointment with a named GP. The practice had sought to make improvements in this area, for example, by increasing extended hours opening times. Urgent same day appointments were available.

Summary of findings

- We noted that only 41% of patients with psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015)
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Practice management and governance arrangements facilitated the delivery of high-quality and person-centred care.

The areas where the provider must make improvement are:

- Ensure that there are appropriate arrangements in place to monitor the status of staff members' annual basic life support training.

The areas where the provider should make improvement are:

- Continue to look at ways of increasing Patient Participation Group membership so that it reflects the local population profile (a PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).
- Work with its Patient Participation Group to monitor how recent improvements to appointments access have impacted on patient satisfaction.
- Continue to monitor performance regarding patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in their record.
- Review arrangements for logging verbal complaints so that trends can be identified and used to improve the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Risks to patients were assessed and well managed with the exception of systems in place to ensure that staff had received annual basic life support training.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Patient feedback from the national GP patient survey was comparable to others for aspects of care such as the extent to which GPs were good at listening and the extent to which nurses treated patients with care and concern.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with Barking and Dagenham Clinical Commissioning Group to secure improvements to services where these were identified. For example, late Monday evening appointments were offered.
- GP patient survey scores highlighted that it was difficult to make an appointment with a named GP. The practice had sought to make improvements in this area, for example, by increasing the number of telephone consultation appointment slots. Urgent same day appointments were available.
- The practice had good facilities such as step free access and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A register of older patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 70% (compared to the rounded 78% CCG and national average).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- 87% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. For example, midwives provided a weekly baby clinic from the practice.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Requires improvement



Summary of findings

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 41% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared with the 90% national average.

The new provider told us that they had started a process of recalling patients and unverified data we were shown on the day of the inspection showed that performance had increased to 55%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing below local and national averages. We noted that 353 survey forms were distributed and 103 were returned. This represented approximately 3% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We saw evidence of how the new provider had sought to improve patient satisfaction regarding appointments access - for example by introducing additional telephone consultation appointment slots and by introducing extended hours opening.

When we asked the new provider how they had sought to improve patient satisfaction scores regarding phone access, we were told that staffing rotas had been revised to increase phone cover during peak periods and that on line appointment booking had been promoted, so as to relieve pressure on phone lines.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were generally positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect. Three respondents, whilst generally positive, highlighted concerns about appointments access.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are appropriate arrangements in place to monitor the status of staff members' annual basic life support training.

Action the service **SHOULD** take to improve

- Continue to look at ways of increasing Patient Participation Group membership so that it reflects the local population profile (a PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

- Work with its Patient Participation Group to monitor how recent improvements to appointments access have impacted on patient satisfaction.
- Continue to monitor performance regarding patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in their record.
- Review arrangements for logging verbal complaints so that trends can be identified and used to improve the service.

Dr VK Chawla's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Dr VK Chawla's Practice

Dr VK Chawla's Practice is located in the London Borough of Barking and Dagenham, east London. The practice has a patient list of approximately 2,750 patients. Thirty percent of patients are aged under 18 (compared to the national practice average of 21%) and 7% are 65 or older (compared to the national practice average of 17%). Forty three percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England; a locally agreed alternative to the standard general medical services contract which is used when services are agreed locally with a practice.

The staff team comprises two male partner GPs (providing a combined 8 sessions per week), one long term female GP locum, one female clinical pharmacist, two female practice nurses, one female health care assistant, a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday – Wednesday: 9:00am – 6:30pm
- Thursday: 9:00am-1:30pm

- Friday:9:00am-6:00pm

The practice offers extended hours opening at the following times:

- Monday 6:30pm-8pm

Appointments are available at the following times:

- Monday : 10:00am-1:00pm and 3:00pm-8:00pm
- Tuesday: 10:00am-1:00pm and 3:30pm-6:30pm
- Wednesday: 9:30am-12:10pm and 3:30pm-6:00pm
- Thursday: 10:00am – 1:00pm
- Friday: 9:30am-12:20pm and 3:30pm to 6:00pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Treatment of disease, disorder or injury and Family planning and Maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We previously inspected this location on 5 May 2015 at which time it was rated as requires improvement for

Detailed findings

providing safe services, due to an absence of infection prevention control (IPC) audits. It was rated as good for providing effective, caring, responsive and well led services; and was rated as good overall.

At this inspection, we noted that although an IPC audit had taken place, other concerns had been identified regarding staff not having undergone appropriate pre-employment recruitment checks.

During the planning stage of our inspection, we were advised that the previous lead GP had retired and that the new provider was in the process of updating their registration details.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, health care assistant, practice manager and a receptionist).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Six significant events had taken place since our last inspection and we saw evidence that lessons were shared and actions taken to improve safety in the practice.

For example, in October 2016 the practice highlighted that only 4% of patients with diabetes had had their kidney function tested. This test is important because diabetes is a common cause of kidney failure. A significant event analysis highlighted that the test had been removed from clinical performance monitoring systems, resulting in the nurse and prescription clerk not being aware that patients had not been sent for this test. Following the review, a number of interventions were put in place to minimise the chance of reoccurrence (including adding a safety alert to the records of all diabetic patients asking the clinician to check to see if the patient had had a kidney function test).

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- We looked at arrangements in place to safeguard children and vulnerable adults from abuse. Policies

were accessible to all staff and reflected relevant legislation and local requirements. For example, they clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was also a lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs and the practice nurse were trained to child protection or child safeguarding level 3 and non clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. We were told that Disclosure and Barring Service (DBS) checks had taken place and trained staff undertook chaperoning duties. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- When we inspected in May 2015, an annual infection control audit had not been undertaken. At this inspection we saw that an October 2016 audit had taken place and that action had been taken to address the improvements identified.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice's clinical pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had signed Patient Group Directions (PGDs) in place to allow its practice nurse to legally administer medicines and signed Patient Specific Directions in place for its health care assistant. PGDs are written

Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed the personnel file of the one non clinical staff member who had started work at the practice since our last inspection and found that recruitment checks had been undertaken prior to employment such as proof of identification and references.
- When we looked at the personnel file of the locum GP working at the practice on the day of our inspection, we saw evidence of registration with the appropriate professional body, in date medical indemnity insurance and confirmation that the locum GP was included in the NHS England performers list (thus enabling them to provide medical services in primary care within the NHS). However, the GP's annual basic life support training had lapsed by two months. Records showed that the training had been booked and shortly after our inspection, we were sent confirming evidence that the training had taken place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- With the exception of the locum GP, all staff had received basic life support training within the previous 12 months and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage and we were told that copies were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We saw evidence that staff had access to protected learning time, so as to update themselves on latest NICE guidelines and use this information to deliver care and treatment that met patients' needs. For example, we noted that clinical audits were triggered by NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 94% of the total number of points available with 11% exception reporting (which was above the respective local and national average by 9% and 10%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Latest QOF data showed:

- Performance for diabetes related indicators was 94% which was above the respective CCG and national averages of 81% and 90%.
- Performance for asthma related indicators was 100% which was above the respective CCG and national averages of 95% and 97%.
- Performance for chronic kidney disease related indicators was 100% which equalled the rounded CCG and national averages.
- Performance for cancer related indicators was 100% which was above the respective CCG and national averages of 96% and 98%.
- Performance for mental health related indicators was 83% which was below the respective CCG and national averages of 92% and 93%.

When we discussed the relatively low performance for mental health related indicators, the new provider told us that this may be attributable to coding issues which were being further investigated. We were also told that the provider had started to recall patients to ensure that up to date care plans were in place.

This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed within the last 12 months; one of which was a completed two cycle audit where the findings were used by the practice to improve services.
- For example, in October 2016, the practice had undertaken an audit of whether patients on the practice's diabetic register had undergone all eight of the diabetes care processes recommended by NICE. The audit highlighted that only 4% of patients with diabetes had had their kidney function tested. Following the audit, a number of interventions were put in place including adding a safety alert to the records of all diabetic patients, contacting patients who had not had a test and monitoring performance as part of the practice's new Diabetes Action Plan. Data on the day of our inspection showed that performance on the number of kidney function tests had improved and shortly after our inspection we were sent conformation that performance had increased to 69%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and/or using spirometry equipment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. The practice nurse demonstrated how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- With the exception of the GP locum, staff received training that included: safeguarding, fire safety awareness, annual basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff had received recent training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 92% and five year olds from 70% to 90%. Local CCG averages ranged respectively from 88% to 92% and 73% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards also highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked a receptionist how they ensured that anxious patients were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs were comparable to national averages. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

CQC comment card feedback was positive in these areas with patients telling us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

When we discussed the lower than average satisfaction scores on GPs' involving patients in decisions about their care, we were told that with the introduction of two new GP partners, the practice was confident that patient satisfaction would improve in this area. We also noted that the new providers had recently introduced a Practice Action Plan which highlighted staff training as a priority area.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (just over 1% of the practice list). The practice manager spoke positively about how written information was available to direct carers to the various avenues of support available to them. We noted that they had recently won a CCG award in recognition of how their patient centred approach to delivering care.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Barking and Dagenham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday evenings from 6:30pm-8:30pm for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Baby changing facilities were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- The building offered step free access.
- Arrangements were in place to ensure that patients with impaired mobility were seen in ground floor consultation rooms.
- The practice offered gender specific consultation requests.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

The practice's opening hours are:

- Monday – Wednesday: 9:00am – 6:30pm
- Thursday: 9:00am-1:30pm
- Friday: 9:00am-6:00pm

Appointments are available at the following times:

- Monday: 10:00am-1:00pm and 3:00pm-8:00pm
- Tuesday: 10:00am-1:00pm and 3:30pm-6:30pm
- Wednesday: 9:30am-12:10pm and 3:30pm-6:00pm
- Thursday: 10:00am – 1:00pm

- Friday: 9:30am-12:20pm and 3:30pm to 6:00pm

Outside of these times, cover is provided by out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was below national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

When we asked the new provider how they had sought to improve patient satisfaction regarding phone access, we were told that staffing rotas had been revised to increase phone cover during peak periods and also that on line appointment booking had been promoted, so as to relieve pressure on phone lines.

We saw evidence of how the new provider had sought to improve patient satisfaction scores on appointments access - for example by introducing additional telephone consultation appointment slots and by introducing extended hours opening.

The new provider had introduced a Practice Action Plan in October 2016 but we noted that this did not include details of how the provider intended to monitor the impact of the above changes on patient satisfaction scores.

On the day of our inspection, we reviewed appointments availability on the practice's clinical system and saw that same day urgent and routine appointments were available.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

The practice had not received any written complaints in the previous 12 months. The practice manager told us that, wherever possible, the practice acted on verbal complaints before they escalated into formal, written complaints, although we did not see evidence that verbal complaints were logged and trends identified. At our previous inspection in May 2015 we had seen evidence of how complaints had been dealt with in a timely and open manner and of how the learning from complaints had been used to improve the service.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The partner GPs told us that the practice's vision was to provide accessible, coordinated and proactive care. When we spoke with staff (for example the health care assistant and a receptionist) they were aware of how their roles and responsibilities contributed towards delivering this vision.

Governance arrangements

We looked at governance arrangements to see how they supported the delivery of good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- We saw evidence of how clinical audit had been used to monitor quality and to make improvements.
- A Practice Action Plan had been introduced in October 2016 which covered areas such as staff training and the review of existing policies and protocols.

Leadership and culture

Staff fed back to us that the partners and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Records showed that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners in the practice.
- Staff such as the health care assistant and receptionists spoke positively about the practice manager and their inclusive and supportive working culture.

Seeking and acting on feedback from patients, the public and staff

We saw limited evidence that the practice had gathered or acted upon feedback from its patient participation group (PPG). We were told that the practice had struggled to attract members but that the practice manager was meeting with other local practice managers to explore how the PPG's membership could be increased. We saw that this was listed as a priority area in the practice's action plan which had been introduced following the arrival of the new GP partners.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, they told us they felt involved and engaged to improve how the practice was run.

Continuous Improvement

In October 2016, the practice joined the NHS Productive General Practice Scheme which aims to help practices put the patient, clinician and practice team at the centre of improvement and create a timely, appropriate and dependable response to patient needs.

The practice manager spoke positively about how the scheme had led to improved productivity. For example, the practice had redefined reception staffing roles which we were told had resulted in improved resourcing of appointments access and "back office" tasks such as administering patient recall systems for patients with long term conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	Regulation 18 HSCA (RA) Regulations 2014
Maternity and midwifery services	
Treatment of disease, disorder or injury	Staffing <ul style="list-style-type: none">Failing to ensure that there are appropriate arrangements in place to monitor the status of staff members' annual basic life support training. <p>This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>